REMEMBERING BRIAN

An Investigative Review

OFFICE OF THE CHILD AND YOUTH ADVOCATE OF ALBERTA

JUNE 2013

say

specialized advocacy
for **youngPeople**

Under my authority and duty as set out in the *Child and Youth Advocate Act*, I am providing the following Investigative Review concerning the passing of a young person who was, at the time, receiving services from the Government of Alberta. Consistent with section 15 of the Act, the purpose of this report is to learn from this tragic event and recommend ways of improving Alberta's child intervention system.

While this is a public report, my office has taken great care to protect the privacy of the family members of the young person involved in this case. The names used in this report are pseudonyms and the report refrains from disclosing information that could be used to identify the young person or his family.

Accordingly, I would request that readers and interested parties, including the media, respect this privacy and not focus on identifying the individuals and locations involved in this matter.

The death of this young person is an unimaginable loss that affects the lives of family, friends and all those who knew him. It is important that we learn lessons from his life and his story, and it is my hope the recommendations in this report will help prevent similar tragedies from occurring in the future.

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EXECUTIVE SUMMARY

Alberta's Office of the Child and Youth Advocate (the "Advocate") is an independent office reporting directly to the Legislature of Alberta, deriving its authority from the *Child and Youth Advocate Act*. One role of the Advocate is to "investigate systemic issues arising from a serious injury to or the death of a child who was receiving a designated service at the time of the injury or death if, in the opinion of the Advocate, the investigation is warranted or in the public interest".

In early summer 2012, Brian (not his real name),[1] a 16 year-old youth, was found deceased in the basement of his kinship care placement. He had taken his own life. At the time of his death, Brian was the subject of a Permanent Guardianship Order. In October 2012, the Advocate advised the Minister of Human Services that an Investigative Review into the circumstances of Brian's death would be conducted.

Brian, the eldest child of five, was of Métis ancestry and grew up in a small community surrounded by his extended family. His mother, Susan (not her real name), struggled with addictions and tended to be involved in relationships characterized by violence.

In the early years, Brian and his siblings stayed with relatives for various periods of time, with no involvement from Child Intervention Services. When Child Intervention Services became involved, members of Susan's extended family quickly came forward to advocate for Susan and care for Brian and his siblings.

Over the course of several years, Brian and his siblings were brought into the care of the Director[2] on three separate occasions, prior to the granting of a Permanent Guardianship Order in 2012. On every occasion, kinship care arrangements were used, with the children being placed with extended family members. These arrangements enabled the children to stay with people with whom they had existing relationships. However, the family members providing kinship care became increasingly conflicted between supporting Susan and supporting the children in their care, because at times their needs were contradictory.

Compounding this challenge, Brian's kinship caregiver lived outside the regional boundaries of the Child and Family Services Authority (CFSA) that was delivering intervention services. This put the caseworker at some distance from Brian's kinship care home. Officials encountered difficulties in their attempts to transfer responsibility for Brian's kinship care home to the region in which it was located.

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[1] All names used throughout this Investigative Review are pseudonyms. Section 15(3) of the *Child and Youth Advocate Act* states that a report must not disclose the name of, or any identifying information about, the child to whom the investigation relates or a parent or guardian of the child.

[2] Care of the Director refers to the Director as per the *Child, Youth and Family Enhancement Act*

On the day Brian passed away he was nearly 17 years old. To this day, those who knew Brian struggle to understand why he took his life, and have differing interpretations of his demeanour. By most accounts, Brian was a shy, soft spoken and intelligent teen with a good sense of humour, had discipline completing his homework, and enjoyed playing the guitar and video games. Though he changed schools several times, Brian always managed to make new friends and had good relationships with members of his kinship care family.

The information gathered through the investigative process revealed a number of key issues related to practices and processes in the child intervention system:

- **Ensuring balance in delivering intervention services.** Interventions were largely focused on Susan's drug use, with drug testing used as the primary tool to measure the success of these interventions. The focus placed on Susan's drug use was not balanced with a similar level of focus on how parental substance abuse and family violence in the home were impacting Susan's children, including Brian. The *Child, Youth and Family Enhancement Act* is built on child-focused and family-centered principles. A comprehensive assessment of a family situation from the child's perspective, and not only the family's presenting issues, is critical in determining effective intervention services.
- **Developing and maintaining children's cultural connections.** While Brian's connection to his culture was recognized in part through his placement with extended family members, this alone may not have fully met Brian's cultural needs. Opportunities may have been missed to support and maintain Brian's cultural connections and develop his overall identity. Culture is a complex concept which is value-laden and can be defined in many ways. Family, community and traditions all contribute to culture. For this reason, it is important to assess what is important to the child in experiencing or learning about their culture, and have a comprehensive plan in place to meet these cultural needs.
- **Providing support to kinship caregivers.** As in this situation, kinship caregivers often face unique challenges in caring for children because of the relationship they have with the parent(s) of those children. Unfortunately there is a perception that, since they are familiar with the children in their care, kinship caregivers do not require as much support as other caregivers (such as foster caregivers). In reality, kinship caregiving is a specialized and demanding role requiring unique assessment, preparation and support that goes well beyond financial resources. Consideration should be given to providing specialized individual and group training for kinship caregivers, along with mentoring resources and peer support. It is also important for intervention workers to understand the unique needs of kinship caregivers, and provide them with the specialized supports they require.

- **Delivering intervention services across regions.** Guidelines are currently in place to guide the inter-regional delivery of intervention services. However, a lack of current information, and inconsistent interpretation and implementation of these guidelines, is resulting in process confusion and fractures in service delivery. Each family receiving intervention services should have the benefit of seamless and effective services that meet their needs, no matter the region in which they reside. Children and families must not become lost amid the bureaucracy of a file transfer. Steps should be taken to improve policies and guidelines so that inter-regional delivery of intervention services is seamless and the needs of children and families are effectively met.

To address these issues and to help improve the effectiveness of Alberta's child intervention system, the Advocate makes the following recommendations:

1. Child Intervention Services should engage in comprehensive assessments to ensure a balance is struck between child-focused and family-centered approaches. It is vital that intervention services not only address the presenting issues in a family, but also fully examine and address the impacts those issues have had on children in the family.
2. Guidelines should be developed that will aid caseworkers in assessing the impacts of family violence and parental addictions on children, and which provide direction for supporting children who have been exposed to these circumstances.
3. In developing support plans for children and their families, intervention workers should ensure that comprehensive plans are in place to support and maintain a child's cultural connections, recognizing that family, community and tradition are all important contributors to culture.
4. Kinship caregivers should be provided with specialized training and support plans which are both tailored to meet their individual and unique needs. The goal should be to ensure kinship caregivers have the resources they require to manage the unique challenges that come with their caregiving, such as dual loyalties, unrealistic expectations, changes in family dynamics and feelings of loss, guilt and shame.
5. Intervention workers should be provided specialized training so they have the competencies required to manage unique situations presented by kinship care arrangements. The goal should be to ensure caseworkers can effectively support kinship caregivers in providing protection, well-being, and a bridge to permanency for children in their care.
6. Alberta Human Services should review and amend policies and guidelines to bring about consistent practices among regions and ensure seamless, coordinated inter-regional delivery of intervention services.

INTRODUCTION

The Office of the Child and Youth Advocate

Alberta's Office of the Child and Youth Advocate (the "Advocate") is an independent office reporting directly to the Legislature of Alberta. The Advocate derives its authority from the *Child and Youth Advocate Act*,[3] which came into force on April 1, 2012. Prior to this legislation, the Child and Youth Advocate reported to the Minister of Human Services.

The role of the Advocate is to represent the rights, interests and viewpoints of children receiving services through the *Child, Youth and Family Enhancement Act*[4] (the "Enhancement Act"), the *Protection of Sexually Exploited Children Act*[5] (PSECA) or from the Youth Criminal Justice System.

Investigative Reviews

Section 9(1)(d) of the *Child and Youth Advocate Act* provides the Advocate with the authority to "investigate systemic issues arising from a serious injury to or the death of a child who was receiving a designated service at the time of the injury or death if, in the opinion of the Advocate, the investigation is warranted or in the public interest".

Upon completion of an investigation under this section, the Advocate releases a public Investigative Review report. The purpose of an Investigative Review is to make findings regarding the services that were provided to the young person, and make recommendations that may help prevent similar incidents from occurring in the future.

An Investigative Review does not assign legal responsibilities, nor does it supplant or abrogate other processes that may occur, such as investigations or prosecutions under the *Criminal Code of Canada*. The intent of an Investigative Review is not to find fault with specific individuals, but to identify and advocate for system improvements that will help enhance the overall safety and well-being of children who are receiving designated services. Fundamentally, an Investigative Review is about learning lessons, rather than assigning blame.

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[3] *Child and Youth Advocate Act*, S.A. 2011, c. C-11.5.

[4] *Child, Youth and Family Enhancement Act*, RSA 2000, c. C-12.

[5] *Protection of Sexually Exploited Children Act*, RSA 2000, c. P-30.3.

About This Review

In the early summer of 2012, Brian (not his real name),[6] a 16 year-old youth, was found deceased in the basement of his kinship care placement. The Office of the Medical Examiner determined Brian's manner of death to be suicide by hanging. At the time of his death, Brian was the subject of a Permanent Guardianship Order.

The Advocate thoroughly reviewed file information provided by the Ministry of Human Services. Through this, a preliminary investigative report was completed, which identified a number of potential systemic issues that would benefit from an Investigative Review. In October 2012, the Office of the Child and Youth Advocate advised the Minister of Human Services that an Investigative Review into the circumstances of Brian's death would be conducted.

Subsequently, Brian's extended family was notified of the Investigative Review and had the opportunity to provide input into the review.

Terms of Reference for the Investigative Review were established, a copy of which is provided in Appendix 1. An investigative team was assigned to gather information through a review of relevant documentation, interviews and research.

A committee of subject matter experts was convened to review the preliminary investigative report and provide advice related to findings and recommendations. A list of committee members is provided in Appendix 2. Committee membership was determined based on members' expertise in youth suicide, the Métis culture, best practices in kinship care and investigative reviews.

A number of individuals were identified as persons who would be able to provide insight into Brian's circumstances; however, not all were interviewed. Some of the identified individuals were not available for interviews. Members of Brian's peer group who were under 18 years of age were not interviewed. Members of Brian's extended family who were under 18 years of age also were not interviewed.

[6] All names used throughout this Investigative Review are pseudonyms. Section 15(3) of the *Child and Youth Advocate Act* states that a report must not disclose the name of, or any identifying information about, the child to whom the investigation relates or a parent or guardian of the child.

BACKGROUND

About Brian

Brian was of Métis ancestry and grew up in a small community surrounded by his extended family. Brian was described as shy, soft spoken and quiet. He tended to avoid eye contact and responded with one-word answers to questions from adults whom he did not know well. He often wore his hair over his face and a hoodie over his head. Because of his quiet nature and appearance, some individuals described Brian as appearing depressed. Others indicated that Brian's clothing and hair were similar to his group of friends. They did not view his appearance as an indicator of depression or withdrawal.

Brian was described as an intelligent teen with a great sense of humor. He had a great deal of discipline when it came to completing his homework. When interested in a subject, he worked hard and did well. He changed schools several times, but always managed to make new friends.

Brian enjoyed playing the guitar and playing video games with his friends and his kinship care family.

About Brian's Family

Brian was the eldest child of five. His mother, Susan (not her real name), struggled with addictions and tended to be involved in relationships characterized by violence. Child intervention concerns were related to his mother's drug use, the children's exposure to domestic violence and Susan's inability to provide adequate care for her children.

Susan was in her late teens when she gave birth to Brian.[7] She was already struggling with addictions, which continued through her adult life. Her relationship with Brian's father was short-lived; it ended when she left the relationship due to violence. Susan had her second child while in a relationship in which mutual drug use was common. In her late twenties, Susan was involved in a longer-term relationship which produced three children. This relationship was volatile and resulted in ongoing child intervention concerns related to domestic violence, parental drug use and criminal activity.

This pattern of drug use, domestic violence and criminal activity appeared to be repetitive with Susan's subsequent relationships. Brian and his siblings witnessed violent threats and assaults involving their mother, her partners or acquaintances. Brian and his siblings later disclosed that their fear of violence was such that they were fearful of sleeping in their family home.

[7] Susan had historical involvement with Child Intervention Services as a Child in Need

Brian's father later married and had three more children. Brian enjoyed visiting with his father and step-family and maintained a relationship with them.

Susan's extended family was protective and supportive of Susan and helped her care for her children. In the early years, Brian and his siblings stayed with relatives for various periods of time, with no involvement from Child Intervention Services. When Child Intervention Services became involved, members of Susan's extended family quickly came forward to advocate for Susan and care for Brian and his siblings.

HISTORY OF INVOLVEMENT WITH CHILD INTERVENTION SERVICES

Overview

Brian and his siblings were brought into the care of the Director[8] on three separate occasions (for periods of three months, two months and nine months) prior to the granting of a Permanent Guardianship Order in 2012. Family placements were maintained and supported under kinship care arrangements on every occasion. Susan's extended family members became increasingly torn between supporting Susan or her children because, at times, their needs were contradictory.

Services Provided in Brian's Early Years

Child Intervention Services' first involvement with Brian occurred when he was three years old. A community member reported concerns regarding Susan's alleged drug use and drug trafficking.

Susan was resistant to meeting with the Assessor ("Assessor One"). It took several months to arrange a home visit and when it occurred, there was no evidence of drug use. Brian's maternal grandmother, Margaret (not her real name), was very involved and babysat the children while Susan was at work. The investigation was closed approximately four months after the screening report was received.

Services Provided to Brian From 8 to 10 Years Old

The family did not come to the attention of Child intervention Services again until Brian was eight years old. Margaret reported that during that five-year period of no involvement, Susan was working and Margaret was in the home on a daily basis to help care for the children.

When Brian was eight years old, three screening reports were received.

The first two reports, resulted in one investigation, related to Brian's poor school attendance, lack of lunches and being left home alone with his younger siblings. Brian was interviewed by an Assessor ("Assessor Two"). Brian expressed no concerns about his home life. Susan was difficult to contact, resistant and argumentative, which prolonged the investigation phase. The investigation was closed and school staff were asked to monitor the situation.

[8] Care of the Director refers to the Director as per the *Child, Youth and Family Enhancement Act*

An **Apprehension Order** is sought when a child cannot be adequately protected in their family setting. The court grants the Director temporary custody and guardianship of the child. Guardianship is shared with the child's parent / legal guardian. The child is placed in an approved placement.

A **Supervision Order** is sought when mandatory supervision of a child and a person living with them is necessary to adequately protect the survival, security and development of the child. Intervention services are provided to the child and family/legal guardian through a court order. Guardianship and custody of the child rests with the family/legal guardian.

The third report related to ongoing domestic violence and crystal methamphetamine use in the home. Assessor Two tried numerous times to contact Susan and was successful approximately four weeks after the report was received. There was information that Susan and her common-law partner, Steve (not his real name), were violent so the Casework Supervisor accompanied Assessor Two during the home visit. An Apprehension Order was obtained prior to the visit but was not executed as Susan agreed to a drug test[9] and to work with Child Intervention Services.

Susan's drug test results were positive and "a regular use pattern for crystal methamphetamine and prescription drugs" was noted.

It continued to be difficult for Assessor Two to contact Susan. As a result, the next home visit did not occur for another month. During this visit, Susan, Steve and Susan's sister, Debbie (not her real name), were present. Steve stated that he had been using drugs for ten years and the children were not aware of his drug use. Steve described Brian as a difficult child and felt that Brian had a difficult relationship with Susan. Throughout the interview, Susan and Debbie were described as verbally aggressive and resistant. It was agreed that a Supervision Order would be pursued, with conditions that the children stay with members of the extended family, and that Susan and Steve have three consecutive clean drug tests and attend addictions treatment and counseling for anger management.

The family was unhappy with the assigned Assessor and requested a different Assessor, resulting in a file transfer to another office within the regional area. During this transition, a Casework Supervisor managed the case.

Prior to the file transfer, Brian was interviewed by Assessor Two. Brian was nine years old at the time. He was very protective of his home situation and did not voice any concerns. However, Brian's younger sibling disclosed being spanked, a lack of food in the home, and concerns about Steve living with them and caring for them. The children's maternal grandmother, Margaret, was very involved with the children. It was noted that Brian's school attendance was improving and he was a bright child, especially in math.

[9] Drug test refers to a medical laboratory completing a toxicology screening on a sample (usually urine or hair) provided by the subject of the test

When the case was transferred, Assessor Two expressed disagreement with pursuing a Supervision Order instead of bringing the children into the care of the Director. The Casework Supervisor determined that Brian and his siblings would be left in parental care based on the involvement of extended family members and their willingness to check on the children daily.

Shortly after, Susan's drug test results were positive for marijuana and crystal methamphetamine use. The Casework Supervisor accompanied by a police officer, followed up with a visit to the home. Margaret was present and stated that Susan was not using drugs, but that Steve was. Margaret was in the home every day checking on the situation and, in her opinion, things were fine. Susan refused to complete another drug test. When attempts were made to discuss a safety plan for the children, Susan demanded that the Caseworker Supervisor leave the home. Susan also advised that she was pregnant with her fifth child.

The Application for the Supervision Order was adjourned to allow Susan and Steve to retain a lawyer. In the interim, the Judge directed that Margaret would have care and control of the children until the next hearing. Prior to the next hearing, Susan removed the two younger children from Margaret's care, but left the two oldest.

Subsequently, an Apprehension Order was granted on all four children. The two younger children were returned to Margaret's care where they were reunited with their siblings. Susan was advised that the Casework Supervisor would be seeking Temporary Guardianship Orders on the children, and that the children would be placed with Margaret under a formal kinship care arrangement.

The following month, the Temporary Guardianship hearing was adjourned and Interim Custody was granted to the Director. Margaret's husband was upset that he had not been consulted about the kinship care plan. Susan and Steve entered into a treatment program and completed the program six weeks later.

Susan consented to a two-month Temporary Guardianship Order for each of her children. Terms of the Temporary Guardianship Order were that Susan and Steve attend counseling for addictions, attend Narcotics Anonymous meetings, complete drug screenings and cooperate with in-home support services.

The children remained with Margaret and a Kinship Care Home Assessment was completed. The home assessment contained a recommendation that Margaret attend counseling, as she was struggling with whether the children's interests would be better served in foster care.

At the end of the Temporary Guardianship Order, Susan and Steve consented to a six-month Supervision Order. The terms of the Supervision Order focused on addictions recovery support services and working cooperatively with Child Intervention Services.

Under a **Temporary Guardianship Order**, the court awards custody and guardianship of the child to the Director for a specified period of time. The child is in care of the Director and is placed in an approved placement. The Director shares guardianship with the parent/legal guardian of the child, however the Director takes precedence.

During this six-month period, Susan gave birth to her fifth child. Her drug tests were negative for crystal methamphetamine use, but positive for low marijuana use. Susan continued to work with the in-home support worker. Steve tested positive for crystal methamphetamine use, had a gambling addiction and was arrested for criminal activity that resulted in a nine-month jail term. Prior to his incarceration, a Judge ordered that Steve was not to live in the family home or have contact with Susan and the children. Susan was unhappy about this and indicated that she would reunite with Steve upon his release from prison.

The intervention case was closed at the end of the six-month Supervision Order as Susan had made progress in addressing her drug use and was accepting of services. Prior to the case closure, Susan and her children moved to another nearby community.

Approximately six months later, Child Intervention Services became involved again when a report was received regarding Susan's drug use, specifically crystal methamphetamines. Brian was now 10 years old, and Susan had reunited with Steve upon his release from prison.

The concerns were investigated by an Assessor ("Assessor Three"). Susan complied with three drug tests which indicated there were no drugs present in her system. However, questions were raised about the authenticity of the urine sample. Three months after the report was received, Assessor Three met with Brian and his younger sister. The children did not disclose any concerns about their home situation. Brian was described as a quiet and shy boy who did well at school. A Risk Assessment tool was completed.[10] This indicated that the family was at high risk for neglect and medium risk for abuse. The overall risk level was assessed as moderate. The investigation was closed as the concerns were not substantiated.

Services Provided to Brian At 13 Years Old

Child Intervention Services had no involvement with the family for two years. Margaret reported during that time she was in the home on a daily basis to help care for the children and ensure their needs were met.

As Brian approached his thirteenth birthday, concerns were brought to the attention of Child Intervention Services regarding Susan and Steve's crystal methamphetamine use.

[10] Risk assessment tools are standardized tools used by Assessors which were previously mandatory. These tools were used in case management activities that provided a rating as it related to child protection needs

Collateral contacts provided information regarding Brian's high absenteeism in grade seven. Brian's academic performance had declined and he appeared to have little ambition. Brian was staying up late to play video games, and often pulling his hoodie over his face. His friends were into gaming and they wore hoodies to be "cool".

Brian and his younger sister were interviewed by an Assessor ("Assessor Four") and appeared to be very guarded about their family situation. They denied that Steve was living in the home. Susan refused to complete any drug testing and denied any use of drugs. A Safety and Risk Assessment tool was completed, which placed the children in a "conditionally safe" environment.

The case was opened and an Application for a Supervision Order was filed with the court. It was adjourned several times as Susan did not agree to the conditions of the Order. Seven months later, the Application for a Supervision Order was withdrawn and the case was closed. Susan had completed one drug test, which indicated there were no drugs present in her system, and Brian's school attendance had improved.

Prior to the case closure, Brian was suspended from school for fighting. School staff suggested to Susan that Brian would benefit from the support of a Family School Liaison Worker. A further recommendation was that Brian see a mental health professional to address possible depression. Through the process of the investigative review it could not be confirmed whether either of these recommendations were followed up on.

Services Provided to Brian At 14 Years Old

When Brian was 14 years old, Child Intervention Services received a report that Susan and her new boyfriend were using crystal methamphetamines, trafficking drugs, and screaming and swearing at the children.

The ensuing investigation required police assistance as Susan refused to allow Assessor Four into her home. Apprehension Orders were obtained prior to the home visit. The children were interviewed and disclosed that there was yelling and swearing, they were disciplined with a belt, Susan and her boyfriend fought a lot and that their mom's boyfriend did bad things (there was no elaboration as to what this meant). The four-year-old child had a scar on his lip as Susan had thrown a hanger at him. The Apprehension Orders were executed and the children were placed with Margaret. Assessor Four advised Susan that Applications for Custody and Temporary Guardianship Orders would be pursued.

In the Safety Assessment Report, completed by Assessor Four, Brian was described as "withdrawn and his physical presentation one of trying to hide himself from the world." There was a question as to whether Brian required an assessment to determine if he was possibly suicidal. Through the process of the Advocate's investigative review, it could not be determined if there was any follow-up.

Through a **Family Enhancement Agreement**, intervention services are provided to a child and family by way of consent. The child's safety can be assured while in the care of the family/legal guardian. Guardianship and custody rests with the family/legal guardian.

Brian's occasional visits with his father appeared positive. Brian had a close relationship with his father's spouse and their children. Brian's younger sister was described as parentified. The extended family raised concerns about Susan being depressed and at risk of harming herself.

On the date of the Apprehension, Susan, her sister Debbie and their mother Margaret met with the Manager of the Child Intervention office. Susan admitted to using crystal methamphetamines three weeks earlier. She complained that no counseling was arranged for Brian when their intervention case was closed eight months earlier. Debbie was described as argumentative and Assessor Four felt verbally attacked by her. Susan requested another worker be assigned. (It was noted in the file that Susan threatened to physically harm the worker.)

Shortly after the children were placed with Margaret, she suspected Brian was depressed and expressed her concern to Assessor Four. A few weeks later, Margaret stated that Brian seemed to be opening up and no other concerns were reported. Through the process of the Advocate's investigative review, it could not be determined if there was any follow-up in relation to the concerns about Brian's possible depression.

A two-month Custody Order was granted and an Application for a six month Temporary Guardianship Order was filed with the court.

Within six weeks of the Apprehension, the case was transferred to another office within the region due to safety concerns for Assessor Four.

In that same time frame, Brian was involved with fighting at school. School staff were not aware that the children were in care, as they were observed walking to Susan's home after school rather than Margaret's home.

The Temporary Guardianship Order hearing was adjourned for approximately four weeks. During this time, concerns were raised by a family member about Susan's mental health due to years of drug addiction and abuse. This family member felt that while the children were not at imminent risk, Susan's home environment was not healthy for them.

The case was transferred to a new caseworker ("Caseworker One"). The Application for Temporary Guardianship was withdrawn, as Susan had completed a drug test, which indicated there were no drugs present in her system and she was willing to work with intervention services.

Margaret was informed that the children would be returned to Susan's care under a Family Enhancement Agreement. Susan was required to work with an in-home family support worker twice a week. The Detailed Assessment report noted concerns related

to Brian's depression, aggressive behavior (hitting others), foul language and a number of suspensions from school. However, despite these identified concerns Brian was maintaining a 69% average in his school work.

The Family Enhancement Agreement focused on parenting skills, anger management, addictions counseling, sobriety support and random drug testing for Susan. No services were identified to address Brian's depression and behavioral concerns. It was noted that after the children were returned to her care, Susan avoided contact with Caseworker One and with support services.

Three months after the Family Enhancement Agreement was signed, Caseworker One sent a letter to Susan stating that the case would be closed if she did not contact the Caseworker. Susan did not make contact and the case was closed the following month, approximately four months after the concerns were initially received. It was noted that during this period of time Caseworker One did not have face-to-face contact with Brian.

Prior to the case closure, Caseworker One had contact with staff members at the children's school. It was reported that Brian was doing better in school and he was fighting and arguing less with peers. There was no indication that school staff believed Brian required mental health services to address issues of depression. Caseworker One also spoke with Margaret, who expressed her dissatisfaction with how the apprehension of the children had been handled. Margaret stated that after Brian was apprehended he continued to live at home with Susan. Margaret felt that Child Intervention Services did not look after the best interests of the children.

Six months after the intervention case was closed, Child Intervention Services received a concern about Brian's two youngest siblings. They had been placed in Margaret's care under a private arrangement, and Susan had taken them home. The screening was closed as Susan was the legal guardian and there were no child intervention needs identified.

Services Provided to Brian From 15 to 16 Years Old

Approximately 18 months after the intervention case was closed, Child Intervention Services received a report raising concerns about Susan using drugs, neglect of the children, and the children not attending school.

Susan avoided contact with the child intervention Assessor ("Assessor Five") for approximately six weeks. As a result, an Application for a Supervision Order was filed with the court. Prior to the hearing, Susan placed her three eldest children with Debbie, who was living in another community. She placed her two youngest children with Margaret, who lived within the region but outside of the Caseworker's office boundaries. The distance from the Caseworker's office to visit each home was significant.

As the children became more comfortable in the safe care of relatives, they described their experiences of living in an unpredictable environment where they saw drugs in the home and witnessed violent incidents that left them terrified for their safety and the safety of their mother. The children disclosed they had strung bells over the back door and window because they were afraid that one of their mother's acquaintances would break into their home again. They had witnessed Susan being assaulted by one man and threatened by another. Susan had asked her eldest daughter to carry a knife up her sleeve for protection while they were driving. The children disclosed incidents of fuel thefts while they were in the vehicle, and ongoing drug use by Susan and her various partners.

When Susan became irrational, Margaret would take the younger children into her home. However, Brian usually stayed with Susan. Brian stated that he needed to care for his younger siblings when Susan was in the home. The children said they did not feel safe in their mother's care and wanted to remain in their current placements.

The children were apprehended due to their disclosures and Susan's ongoing resistance to working with Child Intervention Services. The children remained in their respective placements. Subsequently, an Application for Temporary Guardianship Order was filed. The terms of the Order focused on services for Susan, which included family violence counseling. No therapeutic services were identified for the children to address exposure to family violence.

The process for Debbie (Susan's sister) and her common-law spouse, Jim, to become an approved kinship care placement was initiated. An overview of the expectations of approved kinship care homes does not appear to have been provided to Debbie and Jim.

Brian settled into Debbie's home and registered at a local high school. The school provided a number of services, supports and activities for Aboriginal youth. At the end of September, Brian was suspended from school for five days as he was part of a group of youth who were under the influence of marijuana and had drug paraphernalia in their possession. One requirement to be allowed to return to school was to see an addictions counselor. Although it is not known whom he saw, Brian met this requirement and returned to school. This incident, however, was not reported to Caseworker One.[11]

The following month, Brian, Susan, Debbie, Margaret and Caseworker One signed a Concurrent Plan. Brian was 16 years old at this time. A transition to independence plan was not completed and the decision-making rationale was not on the intervention file. However, Caseworker One indicated that the decision was based on Brian's recent stability and sense of safety. In the opinion of Caseworker One, Brian required a longer period of stability before engaging in conversations about planning for independence. In addition, Caseworker One felt she required more time to get to know him so they could develop an appropriate plan together that would meet Brian's needs.

[11] Upon the completion of the investigation by Assessor Five, the file was transferred back to Caseworker One for ongoing casework.

A request for a Kinship Care Home Assessment on Debbie and Jim was sent to the Foster Care Support Worker within the region who was routinely responsible for these assessments. As Debbie and Jim resided outside the region's boundaries, Caseworker One was directed to contact the region where the family lived. Caseworker One did so and requested that courtesy supervision[12] occur. There was no indication on the intervention file whether someone from the region (in which Debbie and Jim resided) responded to this request.

Three months into the school year, Brian came to the attention of the school counselor. Brian had completed an English assignment in which he wrote about a fictional character killing and harming others. The counselor and the school police officer met with Brian and completed a threat assessment. The counselor felt that Brian was open and that he answered questions honestly. The results of the threat assessment indicated that Brian was not at risk of harming himself or others. There was no further involvement with the counselor or the police officer. Through conversations with school staff about the incident, including the school counselor, Caseworker One believed that counseling sessions between the school counselor and Brian would occur.

Debbie recalls that it took approximately six months to receive basic maintenance funding for the children; however, this was backdated and vouchers were provided in the interim. Debbie reported that she felt overwhelmed and decided that she needed to reduce her hours of work outside the home so that she could complete household chores. Debbie was very involved in arranging visits for the children with Susan. She ensured that all the siblings had ongoing contact with each other and that Brian had contact with his father.

Despite significant stretches of abstinence, Susan continued to struggle with addictions. Relapses appeared to occur in connection with new relationships in which drug use was significant. Susan indicated that she felt unsupported and victimized. A counselor stated that Susan's drug use was a symptom and that supports were required to deal with her past trauma.

Approximately three months after the Application for Temporary Guardianship Order had been filed, a four-month Temporary Guardianship Order was granted for each of the children. The terms of the Order were that: Susan work with an in-home support worker, abstain from drug and alcohol use and submit to random drug testing, attend a course on family violence, and have contact with Child Intervention Services. Access to the children was granted at the discretion of the Director.

[12] Courtesy supervision requests are made when distance is an issue for service delivery. The request for courtesy supervision is made to the office that is closest to the child and his or her placement. The courtesy caseworker provides general caseworker supports that may include contact with the child and/or caregiver. Expenditures are approved and provided by the office that requested the courtesy supervision and which continues to be responsible for the management of the case.

Later that month, Caseworker One had phone contact with Brian. Brian stated that he liked his current living arrangements and did not wish to see Susan. During visits between Susan and his siblings, Brian felt ignored. Debbie encouraged Susan to have a positive relationship with Brian.

Later, Susan threatened to kill herself if her children were not returned to her at the end of the Temporary Guardianship Order, which was two months away. She was taken to hospital and found not be suicidal. Susan was arrested by the police on outstanding warrants.

During a conversation with Susan, Caseworker One encouraged her to spend more time with Brian as he appeared to be disengaged from his family and siblings. Caseworker One also requested that Susan encourage Brian to attend counseling. She responded negatively and demanded that Caseworker One leave Brian alone. Susan felt that Brian did not need counseling because he had always been that way.

During a conversation with Caseworker One, Brian reported feeling detached from his mother and her situation. He stated that he wanted to be by himself and did not believe counseling would help him. He felt included in Debbie's home.

Debbie felt capable of providing emotional support to Brian. Although Brian was reluctant to participate in family activities, he had friends and was close to Debbie's eldest son. Brian was attending weekly guitar lessons and there was no evidence of drug or alcohol use since the beginning of the school year.

One month after the Temporary Guardianship Order was granted, Susan met with Caseworker One and indicated that she was agreeable to supports and attending a residential drug treatment program. She was willing to comply with the court order. Margaret was present at this meeting, where it was agreed that Margaret would have both younger children see a mental health counselor to address issues of domestic violence, separation issues and the drug use they had witnessed.

Approximately one month later, Caseworker One met with Brian. They spoke about his recent medical appointment but no detail was provided. They discussed his guitar lessons, his dislike for physical activity and his interest in finding a job. Brian spoke of his positive relationship with Debbie's eldest son. He was happy living with Debbie and Jim. They did not discuss Brian's recent report card, which indicated a high absence rate in some classes, his need to repeat one subject and his reluctance to attend counseling.

One month later, a referral was made for the three children living with Debbie to attend therapy to address issues of trauma, separation, anger and neglect. Debbie participated with the children. Debbie wanted to ensure that the therapy was the right service for the children. Brian refused to attend any sessions.

Around this same time, Susan threatened to harm Caseworker One and kidnap the children if they were not returned to her. Susan was arrested by the police under the *Mental Health Act* and outstanding warrants. She was admitted to hospital for risk of suicide; however, she was discharged because the risk was assessed as low. Susan was accepted for a 42-day treatment program but did not attend.

Under a **Permanent Guardianship Order**, the court awards guardianship of the child to the Director on a permanent basis. The child is in care of the Director and remains in an approved placement. The guardianship of any former guardian is terminated and the Director is made the sole legal guardian of the child.

In a conversation with Caseworker One, Debbie expressed that she was upset about Susan's lack of progress. Debbie was also concerned that the youngest child in her care had a change in behavior after visits with Susan. Debbie was responsible for arranging visits between the children and their mother and ensuring that Caseworker One was provided with an update on their interactions. Debbie indicated to Caseworker One that she no longer wanted to supervise these visits; however, she continued to do so. Debbie said she felt overwhelmed and stressed by Susan's resistance to address reunification with her children. Debbie was also concerned about Susan's behavior towards Brian. Susan tended to pay more attention to the other children. Access was suspended for a short period of time.

The Kinship Care Home Assessment was underway, but was taking more time than called for under applicable policy.[14] A contract was entered into with a Home Assessment Writer who advised Caseworker One that although the assessment was not completed; the assessor had identified several strengths and would be recommending that the home be approved for the three children.

Shortly before the end of the four-month Temporary Guardianship Order, a decision was made to pursue a Permanent Guardianship Order as Susan had made little or no progress. It did not appear that the children could be returned to her care in a reasonable period of time. Brian's father consented to the Application for Permanent Guardianship.

Margaret and Debbie both wished to continue caring for the children placed in their care. However, they did not wish to adopt the children or apply for Private Guardianship. They felt that the kinship care arrangements were working. In a telephone conversation with Caseworker One, Debbie expressed feeling a great deal of pressure from supporting Susan at the same time she needed to be supporting the children in her care. Caseworker One advised her not to rescue Susan and encouraged her to focus on the children.

[14] It is expected that a home assessment be completed within 60 working days. In this situation, the home assessment went well beyond that timeline.

In a phone conversation with Brian, Caseworker One discussed the plan to pursue a Permanent Guardianship Order. Brian indicated that he didn't care and denied being depressed or upset.[14]

While in Debbie's home, a number of medical issues arose for Brian. Caseworker One was informed of the medical concerns approximately four months before the decision to pursue a Permanent Guardianship Order was made. Brian had problems with his kidneys and was feeling sick. There was a possibility that he might have IgA Nephropathy.[15] Case notes reflected that Brian had an appointment scheduled with a family doctor. Caseworker One researched IgA Nephropathy on the Internet and emailed Debbie requesting regular updates related to Brian's health issues.

Through the Advocate's Investigative Review, interviews occurred with medical professionals involved with Brian. They reported that Brian had medical concerns that required daily monitoring. His medical history was difficult to obtain as Susan was unable to provide any details. Approximately three months before Brian passed away, he was referred to a Nephrologist who suspected that Brian had IgA Nephropathy. A biopsy would confirm the diagnosis, but was not recommended due to possible complications. A follow up visit was scheduled but Brian passed away before the appointment.

Prior to the Permanent Guardianship hearing, Caseworker One met with Brian. Brian indicated that he would prefer to have visits with his stepmother rather than with Susan. He explained that Susan always yelled at him. He said that he felt that his mother treated him unfairly.

Debbie reported that Brian's relationships with his siblings were improving and that he was becoming very helpful around the house. Brian had relationships with both of Debbie's children.

Debbie requested first aid training due to Brian's medical condition. She was advised to pursue it and report back to Caseworker One about the cost.

The Permanent Guardianship Orders were granted for four of the children, including Brian. The father of one of the children obtained guardianship of that child, but that child continued to live with Debbie through a private arrangement.

[14] Through the Advocate's Investigative Review, one of the individuals interviewed stated that Brian did not understand why the caseworker had this conversation with him. It "really had nothing to do with him...the caseworker had to make these type of decisions and was just doing her job."

[15] Nephropathy is damage, disease or other problems with the kidney. IgA nephropathy is a kidney disorder in which the antibodies called IgA build up in kidney tissue which can result in chronic kidney failure or end stage kidney disease.

Services During and After Brian's Final Days

Brian passed away one month after the Permanent Guardianship Order was granted. He was almost 17 years old.

The day before his death, Brian did not attend school as he and one of his friends wanted to hang out at his house. Debbie took both boys to school, but they did not go into the school and instead went to a local electronics store. Brian was described as being in a good mood and happy to be hanging out with his friend. Debbie had a conversation with Brian about what he would like for his upcoming birthday. He replied that he did not need anything.

On the day he died, Brian told Debbie that he was unsure he would be attending school. The family left for school and work while Brian remained in the home. Upon arriving home from work, Debbie tried to locate Brian in the home but was unable to find him. While looking for a pair of socks, Brian's younger sibling found Brian in the laundry room hanging with a belt around his neck.

Police and Emergency Medical Services responded to the home. Victim Services provided assistance to the family on scene and contacted other family members.

Police contacted the local Crisis Unit and an Intervention Caseworker from the Crisis Unit attended the home later in the evening. A number of the extended family members were at the home supporting Debbie and her family. Susan was also present and indicated that she wished to arrange Brian's funeral. The family stated that they did not require any additional supports.

Since it was difficult for the family to live in the home after Brian's death, Child Intervention Services provided accommodation in a hotel for the family for a week. During this time, the family decided to move, as they did not feel comfortable remaining in the house where Brian had died. While the family continued to see a therapist, Debbie found additional support services for the child who found Brian.

Debbie's first priority was and continues to be the children. Debbie is aware that she will require additional services as well.

As this report is being written, Brian's siblings remain in their placements with Debbie and Margaret. All four children continue to see the therapist who has been involved with them since prior to Brian's death. It was reported that they are doing reasonably well considering what they have experienced.

DISCUSSION AND RECOMMENDATIONS

The information gathered through the investigative process revealed a number of key issues related to practices and processes in the child intervention system:

- Ensuring balance in delivering intervention services.
- Developing and maintaining children's cultural connections.
- Providing support to kinship caregivers.
- Delivering intervention services across regions.

An analysis of these issues has revealed some systemic challenges. The goal is to learn from these, in order to prevent similar tragedies such as Brian's from occurring and to enhance the overall effectiveness of the child intervention system.

Each key issue is discussed below, along with recommendations designed to address these issues and enhance the effectiveness of Alberta's child intervention system.

Ensuring Balance in Delivering Intervention Services

In the course of delivering intervention services, caseworkers and assessors were dealing with situations involving parental drug use and family violence. For many years, Brian and his siblings lived in a tumultuous and unpredictable environment characterized by both of these circumstances.

Substance dependency is often considered a family disease that has an impact on every area of the lives of people who are addicted and on their extended family members and friends.[16]

Family members' well-meaning efforts in advocating, protecting and assuming responsibility for an addict can have the effect of further enabling the addict's damaging behaviour. Altering an addict's behaviour and assisting him or her to overcome their addiction can be particularly challenging because in order to do so, enabling behaviours of family members also need to change.[17] Consequently, it is important in situations involving addictions that family members are provided with supports to help them understand the dynamics involved in supporting an addict without inadvertently supporting the addict's negative behaviours.

Family violence also has serious impacts on the lives of all family members, including children. In some situations, exposure to family violence can have significant effects on children during their development, and as they form their own intimate relationships in childhood and adulthood. The *Canadian Incidence Study of Reported Child Abuse and Neglect 2008* (CIS) found that emotional harm was identified in 34% of investigations where exposure to intimate partner violence was the primary substantiated maltreatment.[18] Consequently, it is important that caseworkers consider the impacts of family violence on family members in the course of completing assessments and making decisions about a family's intervention needs.

In this situation, caseworkers had difficulty assessing the impact of family violence and of Susan's substance abuse on Brian. His demeanour alone was not a reliable indicator; to this day, people familiar with Brian have differing interpretations of his demeanour. The reluctance of Brian and his siblings to discuss their experiences and feelings also presented a barrier. Indeed, Brian and many of Susan's other family members were often protective of Susan and assumed responsibility for her, unintentionally supporting her damaging behaviour.

[16] Laurie Knis-Matthews PhD (2007):The Role of Spouses and Extended Family Members as Primary Caretakers of Children During a Parent's Drug Addiction, Occupational Therapy in Mental Health, 23:1, 1-19

[17] http://www.drreenasommer.com/a_addictions.html

[18] Trocme, N., Fallon, B. and MacLaurin, B. et. al. (2008). *Canadian Incidence Study of Reported Child Abuse and Neglect - 2008: Major Findings.* http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfnts-cis-2008-rprt-eng.pdf

However, file documentation reveals that at times there were questions about Brian's emotional state, yet assessments were not pursued. Instead, interventions were largely focused on Susan's drug use. Drug testing was used as the primary tool to measure the success of these interventions; if Susan did not have drugs in her system then Brian and his siblings remained in her care or were returned to her care. This approach did not fully address the issues of family violence and addictions in the home, and the impact on the children. It did not consider what the children were experiencing, Susan's parenting, her likelihood of continued or recurring substance abuse, or whether her partners were exposing the children to substance abuse or family violence.

The focus placed on Susan's drug use was not balanced with a similar level of focus on the needs of her children, including Brian. Only during their placement with Debbie, which occurred well into the time Child Intervention Services was involved with the family, were support services specifically provided to Susan's children. Consequently, therapeutic interventions offered to Brian were 'too little, too late'. He was 16 years old when mental health supports were arranged to address issues associated with family violence, parental drug use, neglect and separation. By this time, Brian refused to participate in counselling. An assessment was never completed with him.

The imbalance of the intervention focus detracted from looking at how substance abuse and family violence in the home impacted Brian. Had the focus on Susan's presenting issues been balanced with a focus on the impacts of her behaviour on her children, a more complete picture may have emerged about Brian's emotional state and unique needs.

It is important to note the Enhancement Act is built on child-focused and family-centered principles. Consequently, a balance needs to be struck between a child-focused approach and a family-centered approach when establishing the need for appropriate and effective therapeutic interventions.

A comprehensive assessment of a family situation from the child's perspective, and not only the family's presenting issues, is critical in determining effective intervention services. The environment in which the children live and function requires special consideration. In this situation, family violence coupled with drug addiction served to exacerbate the intervention needs of Brian and his siblings. According to the Enhancement Act, both of these circumstances fall under the category of emotional injury. One difficulty with situations of emotional injury is the ability to assess the effects, both immediate and long-term, on children.

When examining whether children are being emotionally injured, it is important for workers to look for internalizing behaviour as well as externalizing behaviour. A child may be impacted emotionally, even if they are not exhibiting typical "acting-out" behaviours. Emotional injury can be as significant an issue as other types of maltreatment, even if evidence of the effects may be more challenging to obtain.

Recommendation #1

Child Intervention Services should engage in comprehensive assessments to ensure a balance is struck between child-focused and family-centered approaches. It is vital that intervention services not only address the presenting issues in a family, but also fully examine and address the impacts those issues have had on children in the family.

To better enable intervention workers to engage in comprehensive assessment of family situations, it would be helpful to the Government of Alberta to provide additional tools and guidance. Although caseworkers have access to a *Screening Aid for Family Violence* tool that can help them determine risk factors of family violence in a home, there are no policies on how to support children impacted by family violence. Similarly, there are presently no specific policies that provide direction on how to support children who have been exposed to chronic drug or alcohol use by members of their household.

Guidelines specific to assessing the impact of family violence on children, and providing direction for supporting these children, would enhance responses to family violence when intervention services are involved. Such guidelines would assist caseworkers in: determining whether the child's existing support systems are sufficient to help the child cope with their experiences; identifying whether supports are needed to mitigate the impact of family violence on the child; and, determining whether the need exists for a more detailed assessment of trauma.

Similarly, guidelines regarding the impact of parental addictions on children and how to support these children would be useful in planning services for families with these issues. An assessment of the impact of the addiction on family dynamics and the roles that family members play would be useful.

Recommendation #2

Develop guidelines that will aid caseworkers in assessing the impacts of family violence and parental addictions on children, and which provide direction for supporting children who have been exposed to these circumstances.

Developing and Maintaining Children's Cultural Connections

A child's sense of identity and belonging is developed and maintained through connections with their culture. Supporting and maintaining this connection can be challenging in situations where a child is removed from parental care due to concerns about the child's safety and well-being.

The Enhancement Act places emphasis on supporting and preserving the well-being of the family as "the basic unit of society". Section 2 of the Enhancement Act states that persons who exercise authority and make decisions under the Act "must do so in the best interests of the child". Furthermore, this section identifies matters that must be considered when decisions are made. Many of these matters articulate a desire to avoid removing a child from their family.

The matters to be considered also speak to the importance of maintaining a child's connection to his or her culture, including situations involving aboriginal children, including Métis children:

- "a person who assumes responsibility for the care of a child under this Act should endeavour to make the child aware of the child's familial, cultural, social and religious heritage" (section 2(n));
- "if the child is an aboriginal child, the uniqueness of aboriginal culture, heritage, spirituality and traditions should be respected and consideration should be given to the importance of preserving the child's cultural identity" (section 2(p)).

In this situation, child intervention authorities followed the guidance of section 2 of the Enhancement Act when making decisions about Brian's care and best interests. Each time they came into care, Brian and his siblings were placed with extended family members with whom they had close connections. This approach supported continuity of values, culture and beliefs. The high school Brian attended held ongoing cultural activities such as Aboriginal Awards and a Circle Gathering Ceremony, in which Métis students could choose to participate.

While, Brian's connection to his culture was recognized in part through his placement with extended family members, there is no evidence Brian formed cultural connections through community resources beyond his family. It is also unknown whether Brian took advantage of the cultural activities available at his high school. This suggests that opportunities may have been missed to support and maintain Brian's cultural connections and develop his overall identity.

Culture is a complex concept which is value-laden and can be defined in many ways. Although placing a child with family members helps support and maintain a child's cultural connections, this alone does not always mean a child's cultural needs are being met. Family, community and traditions all contribute to culture. For this reason, it is important to assess what is important to the child in experiencing or learning about their culture, and have a plan in place to meet these cultural needs. In some situations, the cultural support provided by kinship caregivers will be sufficient, while in others the child may need additional opportunities beyond their relationships with family members. Cultural plans need to be tailored to the unique needs of each child.

Recommendation #3

In developing support plans for children and their families, intervention workers should ensure that comprehensive plans are in place to support and maintain a child's cultural connections, recognizing that family, community and tradition are all important contributors to culture.

Providing Support to Kinship Caregivers

Section 2 of the Enhancement Act and section 7.3.0 of the Enhancement Policy provide guidance to ensure the best interests of a child are at the forefront when decisions are made about children and their families. Consistent with this guidance, when children come into the care of the Director placement within the child's extended family, or kinship care, is seen as the preferred option.

Alberta Human Services describes kinship care in Alberta as "when children are placed with extended family, such as a grandparent, or someone with whom they have a significant relationship."[19]

Kinship caregivers often face unique challenges in caring for children because of the relationship they have with the parent(s) of those children. Kinship caregivers are often conflicted in their dual role of providing support to the parent with whom they have an emotional connection, while at the same time supporting the well-being and safety of the children in their care.

In this situation, Brian and his siblings came into care of the Director on three separate occasions. Each time, the children were placed with family members with whom they had existing relationships. During the last placement, the two youngest children were placed with Margaret (their grandmother) and the three eldest children, including Brian, were placed with Debbie (their aunt). Both Margaret and Debbie faced challenges in balancing their role of supporting Susan with their roles of caring for Brian and his siblings. As close family members they were Susan's strongest advocates and initially opposed Child Intervention Services' involvement with the family. As Susan's behaviour deteriorated with drug use, their concern increased for Susan and for the safety and well-being of Brian and his siblings.

Aside from funding there were no specialized supports provided to Margaret or Debbie to help them manage the unique conflicts and pressures they were experiencing as kinship caregivers. They were left on their own to learn ways of responding to Susan and relating to other family members.

At the time that a home assessment was initiated for Brian's placement, there was no requirement that a support plan be negotiated with kinship caregivers. The Enhancement Policy, implemented in 2011, made this a requirement. However, a support plan was never negotiated with his kinship caregivers. The Investigative Review process could not determine why this was the case. The presence of a support plan may have improved the supports provided to his kinship caregiver.

One challenge is an all-too-common perception that, as persons already familiar with the children in their care, kinship caregivers do not require as much support as other caregivers (such as foster caregivers). In reality, kinship caregiving is a specialized and demanding role requiring unique assessment, preparation and support that goes well

[19] http://humanservices.alberta.ca/foster-kinship-care.html

beyond financial resources. Family members are often not prepared for some of the risks and vulnerabilities associated with taking on this role.

It is important that kinship caregivers have information in advance about the difficulties they may face. They also need someone to turn to for support when they experience challenges in negotiating adapted family relationships. Adequate supports are necessary to ensure that a kinship care placement provides a sense of permanency for children. If appropriate supports are not provided then kinship placements can break down, creating further instability.

Consideration should be given to providing specialized individual and group training for kinship caregivers tailored to their unique needs, along with mentoring resources and peer support. Ideally, some training components could be made available on the Internet, to make it easier for kinship caregivers to access and utilize. As part of training, it would be valuable for kinship caregivers to work through scenarios that teach them how to respond to various situations they may encounter. It is important that training is adapted for a kinship caregiver's unique circumstances, so that it adequately addresses the shifts in family dynamics that will result from kinship caregiving.

Recommendation #4

Kinship caregivers should be provided with specialized training and support plans which are both tailored to meet their individual and unique needs. The goal should be to ensure kinship caregivers have the resources they require to manage the unique challenges that come with their caregiving, such as dual loyalties, unrealistic expectations, changes in family dynamics and feelings of loss, guilt and shame.

It is also important for intervention workers to understand the unique needs of kinship caregivers, and provide them with the specialized supports they require. The level of support needed by a kinship caregiver may be less than or greater than that required by a foster caregiver, depending on the particular risks and vulnerabilities they face. Regardless of the level of support, kinship caregivers requires specialized supports that recognize kinship caregiving is distinct from foster caregiving and comes with unique challenges. Intervention workers must effectively support the specialized roles of kinship caregivers, and to view kinship care as a partnership.

Recommendation #5

Intervention workers should be provided specialized training to manage unique situations presented by kinship care arrangements. The goal should be to ensure caseworkers can effectively support kinship caregivers in providing protection, well-being, and a bridge to permanency for children in their care.

Delivering Intervention Services Across Regions

In some instances, a child's usual home is located within the boundaries of one Child and Family Service Authority (CFSA) or Delegated First Nations Agency (DFNA), but their kinship care placement is located outside that CFSA's or DFNA's boundaries. Consequently, two or more CFSAs or DFNAs need to be involved in providing support to the child and the kinship care provider.

In this situation, Brian's kinship care home was located outside the originating CFSA that was providing intervention services. This impacted the level and effectiveness of services provided to his kinship caregiver, Debbie. Major challenges included the following:

- The originating CFSA had difficulty identifying an appropriate office to support Brian's kinship caregiver during the home assessment process.
- The criteria for transferring responsibility for Brian's kinship care home, or requesting courtesy supervision of the home, were not clear.
- The originating CFSA could not identify a contact in the receiving CFSA who could enter into negotiation for transferring responsibility for Brian's kinship care home.
- For several months the originating CFSA received inconsistent direction. At the time of writing, the kinship care file has still not been transferred.

As a result of these inter-regional difficulties, there was a considerable geographic distance between Debbie's home and the caseworker who was providing services. This made forming a relationship, assessing needs and providing support much more challenging. The caseworker also had very limited knowledge of the resources available in the region in which Debbie resided. Had a local caseworker been available to meet with Debbie on a regular basis, it is possible Brian's kinship care home would have received more effective support.

Guidelines are currently in place to guide the inter-regional delivery of intervention services, namely section 10.5 of the Enhancement Policy. However, regions continue to struggle to coordinate seamless delivery of services. This is a crucial issue since a significant number of situations involve family members moving or living across CFSA or DFNA boundaries.

One challenge is a lack of current information for CFSAs and DFNAs. While the Enhancement Policy notes the importance of establishing inter-regional contacts, an up-to-date list of key regional contacts is not available.[20] The Enhancement Policy also identifies the need for contact between supervisors of the sending and receiving CFSA offices. However, without knowing who to contact, this direction is difficult to follow.

[20] As of the date of writing, the only inter-regional contact list to be found was out of date, from 2010.

The result is process confusion and a lack of coordination in the delivery of intervention services between regions.

The *Child, Youth and Family Enhancement Act* is provincial legislation. It is therefore reasonable to expect that consistent services should be provided across the province. Each family receiving intervention services should have the benefit of seamless and effective services that meet their needs, no matter the region in which they reside. Children and families must not become lost amid the bureaucracy of a file transfer.

The intent of the Enhancement Policy is for negotiation and collaboration among regions, but this does not always occur as it should due to inconsistent interpretation and implementation of the policy. Steps should be taken to improve policies and guidelines so that inter-regional delivery of intervention services is seamless and the needs of children and families are effectively met.

Recommendation #6

Alberta Human Services should review and amend policies and guidelines to bring about consistent practices among regions and ensure seamless, coordinated inter-regional delivery of intervention services.

CLOSING REMARKS

For a young person who was almost 17 years old to take his own life is an overwhelming tragedy. Brian's death will affect his loved ones for the rest of their lives.

As we remember his life and reflect on his story, it is important that the findings and recommendations outlined in this report are acted upon to improve the care provided to Alberta's young people.

The Child and Youth Advocate wishes to thank and acknowledge the family members, friends and others who knew Brian for their contributions to this report.

With the efforts of all, we will remember Brian.

APPENDIX 1: TERMS OF REFERENCE INVESTIGATION – BRIAN

Date of Incident

Summer 2012

Incident

In the summer 2012, Brian was found deceased in the basement of his maternal aunt's home. Brian committed suicide by hanging. At the time of the incident he was subject to a Permanent Guardianship Order and was placed with his aunt and her common-law husband on a provisional kinship care arrangement.

The decision to conduct an investigation was made by Del Graff, Child & Youth Advocate on October 11, 2012.

Issues for Investigation

- **Relationships** – Did Brian have significant relationships? Who were they with and how were they supported?
- **Transition to independence planning** – What transition planning was in place for Brian?
- **Cultural connections** – As a Metis youth, what cultural connections were being supported and how?
- **Placement** – Brian was placed in a provisional kinship care arrangement; was this appropriate for his needs and what supports were being provided?
- **Medical information** – Brian was diagnosed with a kidney disorder. How was this being addressed?
- **Therapeutic intervention** – What supports and services were provided to this youth for on-going mental health concerns?

Scope of the Investigation

The investigation will examine:

- The assessment process used in determining risk and identifying services;
- The coordination of services;
- The ongoing monitoring, services and supports provided to the youth and family;
- The cultural considerations, appropriateness and effectiveness of services; and
- The child intervention standards and any other procedural obligations.

Method

The investigation will be conducted through:

- A review of the electronic and paper files;
- Interviews with CFSA staff and other relevant service providers as required;
- A review of best practices
- Consultation with an expert in teen suicide.

Investigation Plan

A detailed investigation plan will be developed detailing the steps that will be taken, the individuals who are to be interviewed, additional documents that will be requested and reviewed; and, the questions/issues that will be explored.

Review Board (proposed)

Chair

- Del Graff, Child & Youth Advocate

Members (to be determined but may include)

- An Aboriginal Elder
- An expert in the area of adolescent mental health
- A health practitioner
- A representative from the Alberta College of Social Workers (ACSW) with experience/expertise in the area of child welfare and best practice

Team

- Lead investigator, Office of the Child & Youth Advocate
- Investigator, Office of the Child & Youth Advocate

Reporting

The Child & Youth Advocate will release a report when the investigation has been completed.

APPENDIX 2: COMMITTEE MEMBERSHIP

Peter Choate, PhD, RSW

Dr. Peter Choate is an Assistant Professor of Social Work at Mount Royal University. He is an expert witness in the area of parenting capacity (including risk, domestic violence, and addictions). He has been qualified on multiple occasions in the Provincial Court of Alberta (Edmonton, Calgary, Red Deer) and the Court of Queen's Bench (Calgary and Medicine Hat). He teaches and writes about parenting capacity at workshops, conferences and as a professional development instructor at the University of Calgary.

Sue Languedoc, BSW, RSW

Sue is Executive Director of Aboriginal Consulting Services Association of Alberta which she co-founded in 1992. Her area of expertise is working in the area of Aboriginal Family Violence. Sue has conducted Canada wide research and co-wrote Reducing Family Violence in Canadian Aboriginal Communities: The Development of a Comprehensive Prevention program, which led to the development and implementation of the Circle of Safety Family Violence program.

Dr. Joseph Crumbley, PhD

Dr. Crumbley is in private practice as a family therapist, trainer and consultant. He has provided training and consultation nationally and internationally including in New Zealand, Ontario, Britain and Durban, South Africa. Dr. Crumbley has co-authored a book entitled Relatives Raising Children: An Overview of Kinship Care and a second book entitled Transracial Adoptions and Foster Care. Dr. Crumbley received the Child Welfare League's Excellence in Kinship Care Practice Award in 2007. He served as board president of NACAC, the North American Council on Adoptable Children, from 2005 to 2009.

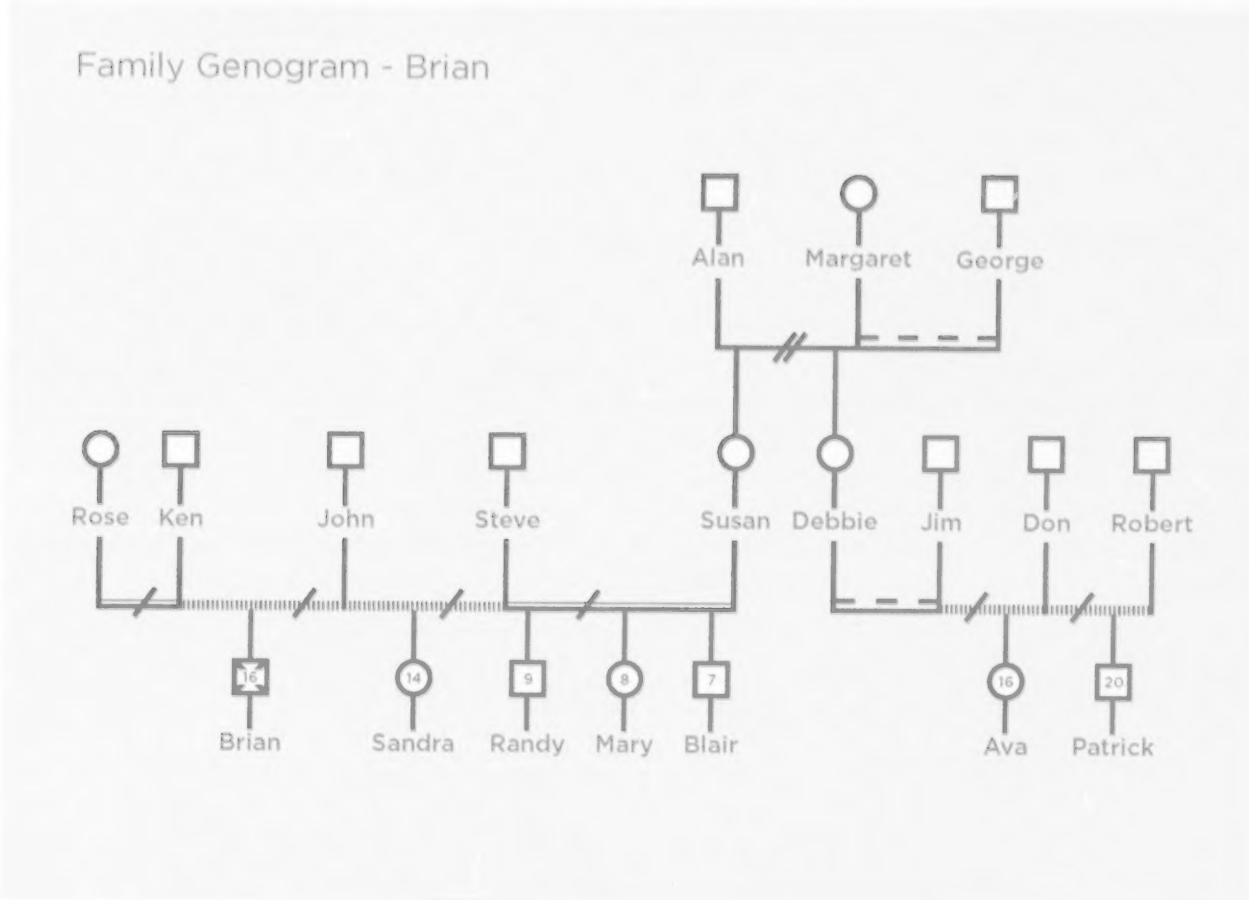
E. David Klonsky, PhD

Dr. Klonsky is an assistant professor in the Department of Psychology at the University of British Columbia. His research interests include non-suicidal self-injury, suicide, borderline personality disorder, and emotional dysregulation. Dr. Klonsky is Associate Editor of the Journal of Suicide and Life-Threatening Behaviour, author of the book Non-Suicidal Self-Injury (along with Drs. J. Muehlenkamp, S. Lewis and B. Walsh). His research has been recognized by several organizations including the Society of Clinical Psychology, American Psychological Foundation, and the Association for Psychological Science. Dr. Klonsky is the President of the International Society for the Study of Self-Injury.

Del Graff, MSW, RSW (Committee Chair)

Del is the Child and Youth Advocate for the Province of Alberta. He has worked in a variety of social work, supervisory and management capacities in communities in B.C. and Alberta. He brings experience in residential care, family support, child welfare, youth and family services, community development, addictions treatment and prevention services. He has demonstrated leadership in moving forward organizational development initiatives to improve service results for children, youth and families.

APPENDIX 3: GENOGRAM



Legend

Male

Female

Death

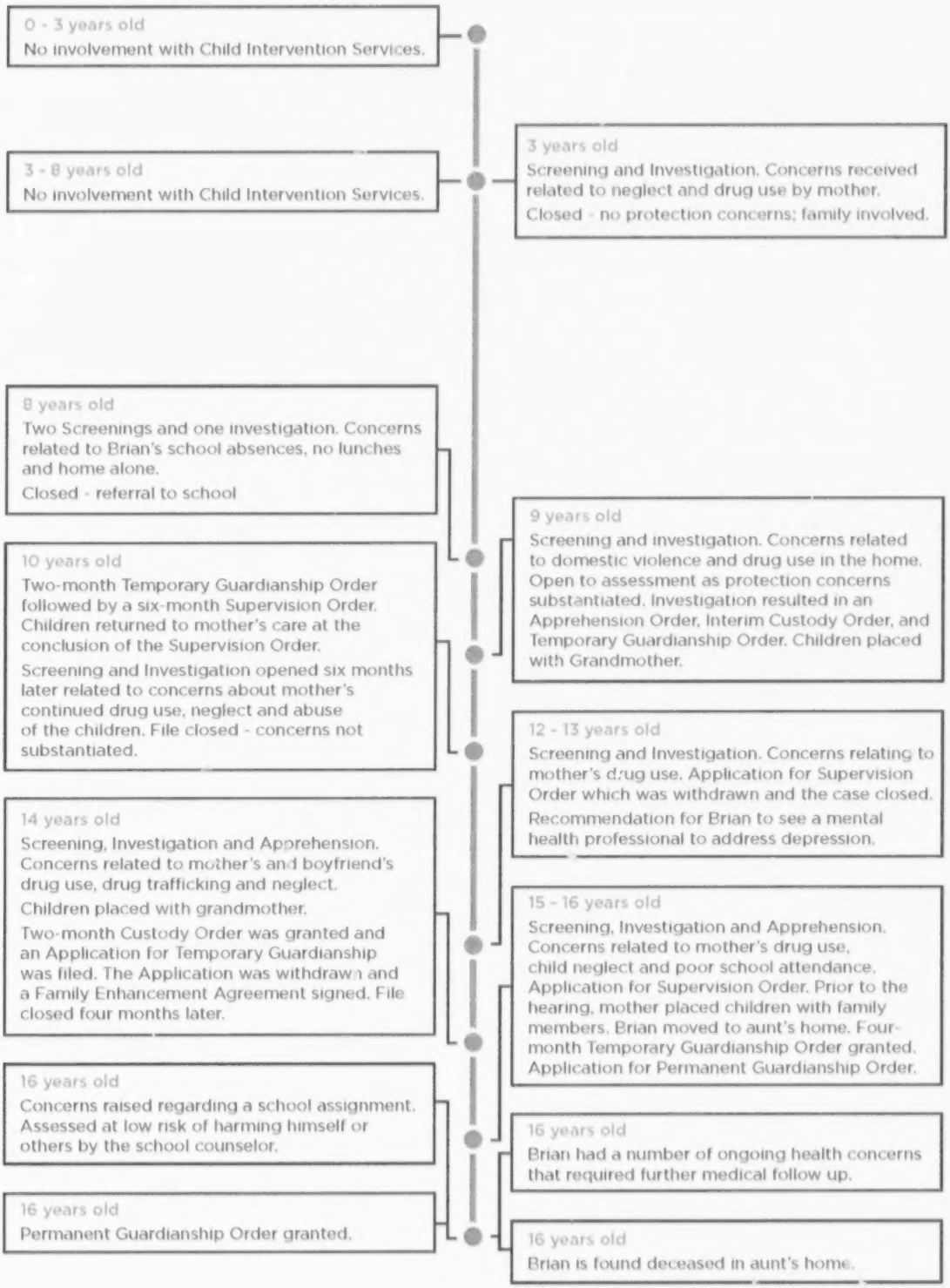
Divorce

Committed relationship

Committed relationship and separation

Casual relationship and separation

APPENDIX 4: SUMMARY OF SIGNIFICANT EVENTS


0 - 3 years old
No involvement with Child Intervention Services.
3 - 8 years old
No involvement with Child Intervention Services.
3 years old
Screening and Investigation. Concerns received related to neglect and drug use by mother.
Closed - no protection concerns; family involved.
8 years old
Two Screenings and one investigation. Concerns related to Brian's school absences, no lunches and home alone.
Closed - referral to school
9 years old
Screening and investigation. Concerns related to domestic violence and drug use in the home. Open to assessment as protection concerns substantiated. Investigation resulted in an Apprehension Order, Interim Custody Order, and Temporary Guardianship Order. Children placed with Grandmother.
10 years old
Two-month Temporary Guardianship Order followed by a six-month Supervision Order. Children returned to mother's care at the conclusion of the Supervision Order.
Screening and Investigation opened six months later related to concerns about mother's continued drug use, neglect and abuse of the children. File closed - concerns not substantiated.
12 - 13 years old
Screening and Investigation. Concerns relating to mother's drug use. Application for Supervision Order which was withdrawn and the case closed.
Recommendation for Brian to see a mental health professional to address depression.
14 years old
Screening, Investigation and Apprehension. Concerns related to mother's and boyfriend's drug use, drug trafficking and neglect.
Children placed with grandmother.
Two-month Custody Order was granted and an Application for Temporary Guardianship was filed. The Application was withdrawn and a Family Enhancement Agreement signed. File closed four months later.
15 - 16 years old
Screening, Investigation and Apprehension. Concerns related to mother's drug use, child neglect and poor school attendance. Application for Supervision Order. Prior to the hearing, mother placed children with family members. Brian moved to aunt's home. Four-month Temporary Guardianship Order granted. Application for Permanent Guardianship Order.
16 years old
Concerns raised regarding a school assignment. Assessed at low risk of harming himself or others by the school counselor.
16 years old
Brian had a number of ongoing health concerns that required further medical follow up.
16 years old
Permanent Guardianship Order granted.
16 years old
Brian is found deceased in aunt's home.

APPENDIX 5: REFERENCES

Alberta Child Enhancement Policy (2012) Intervention Section 6.2 *Protection Against Family Violence Act (PAFVA)*

Alberta Child Enhancement Policy (2012) Intervention Section 7.3.5 *Maintaining a Child's Culture in Placements*

Alberta Child Enhancement Policy (2012) Intervention Section 10.3 *Administrative Requests from other Regions and Jurisdictions*

Alberta Child Enhancement Policy (2012) Intervention Section 10.5 *Inter-Regional/DFNA*

Alberta Child Enhancement Policy (2012) Placement Resources Section 2.0 *Kinship Care Program Requirements*

Laurie Knis-Matthews PhD (2007): The Role of Spouses and Extended Family Members as Primary Caretakers of Children During a Parent's Drug Addiction, Occupational Therapy in Mental Health, 23:1, 1-19

Trocme, N., Fallon, B. and MacLaurin, B. et. al. (2008). *Canadian Incidence Study of Reported Child Abuse and Neglect - 2008: Major Findings.* http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/nfnts-cis-2008-rprt-eng.pdf

REMEMBERING BRIAN